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CONFIRMATION NO. 9358

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/585,231	06/30/2006 RULE	549	1625	2004CH001

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/IB04/04292 12/23/2004

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 0400057.2 01/05/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

03/23/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged _____ /NILOOFAR RAHMANI/ Examiner's Signature				Initials	GERMANY	0	10	2

ADDRESS

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TITLE

Acidic monoazo dyestuffs

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)

- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
- Other _____
- Credit